

## Frequent Hemodialysis Network INJECTABLE MEDICATIONS (*other than IV Iron*) - FORM #204

**Instructions:** Record only the IV medications listed below. Use Form #203 to record IV iron use.

**Schedule:** Daily: Baseline, F-4, F-8 and F-12.

Nocturnal v3.0: Baseline, F-4, F-8, and F-12. (Nocturnal v2.1: Baseline, F-5, F-9, and F-14).

On this form, record only the following medications:

- IV or SC erythropoietin (Procrit, Epogen)
- IV or SC darbepoetin (Aranesp)
- IV vitamin D/vitamin D analogues:
  - IV calcitriol (Calcijex)
  - IV alfacalcidol (One-Alpha)
  - IV doxercalciferol (Hectorol)
  - IV paricalcitol (Zemplar)

Use Form #205 to record all other medications, over-the-counter medications, and supplements.

|                     |  |  |  |  |               |  |                |                  |  |                      |  |  |  |  |  |  |  |  |  |
|---------------------|--|--|--|--|---------------|--|----------------|------------------|--|----------------------|--|--|--|--|--|--|--|--|--|
|                     |  |  |  |  |               |  |                |                  |  |                      |  |  |  |  |  |  |  |  |  |
| 1. Participant ID # |  |  |  |  | 2. Alpha Code |  | 3a. Visit Type | 3b. Visit Number |  | 4. Date: dd/mon/yyyy |  |  |  |  |  |  |  |  |  |

5. Has the participant used any of the medications identified above during the last 4 weeks? .....  
 0=No, skip to question 200  
 1=Yes, continue with Q6a.
6. a. Has the participant used any Erythropoietin (EPO, Procrit, or Epogen) during the last 4 weeks? .....  
 0=No, skip to Q7a  
 1=Yes, continue with Q6b

**ERYTHROPOIETIN (PROCRIT, EPOGEN) USE DURING THE LAST 4 WEEKS:**

| Medication Name | Medication Code** | Route of administration<br><br>1=IV<br>2=SC | How many times was erythropoietin given during the last <u>ONE</u> WEEK? | What was the TOTAL number of units given during the last <u>ONE</u> WEEK? | What was the TOTAL number of units given during the last <u>FOUR</u> WEEKS? |
|-----------------|-------------------|---|--|---|---|
| 6b.             |                   |   |  |   |   |
| 6c.             |                   |   |  |   |   |

\*\*The medication code is electronically found on the code list accessed during data entry.

7. a. Has the participant used any darbepoetin (Aranesp) during the last 4 weeks? .....  
 (0=No, skip to Q8a, 1=Yes, continue with Q7b.)

**DARBEPOETIN (ARANESP) USE DURING THE LAST 4 WEEKS:**

| Medication Name | Medication Code** | Route of administration<br><br>1=IV<br>2=SC | How many <i>times</i> was Aranesp given during the last <b>FOUR</b> WEEKS? | What was the <b>TOTAL</b> number of <i>micrograms</i> given during the last <b>FOUR</b> WEEKS? |
|-----------------|-------------------|---|--|--|
| 7b.             |                   |   |  |  |

8. a. Has the participant taken any IV vitamin D/vitamin D analogues during the last week? (0=No, 1=Yes, continue with Q8b, 2=Pt. received IV Vit.D within last month but not within the last week.).....

- These include: IV calcitriol (Calcijex, Rocaltrol)  
 IV alfacalcidol (1-Alpha)  
 IV doxercalciferol (Hectorol)  
 IV paricalcitol (Zemplar)

**IV VITAMIN D/VITAMIN D ANALOGUES USE DURING THE LAST 1 WEEK:**

| Medication Name | Medication Code** | How many <i>times</i> was the medication given during the last <b>ONE</b> WEEK? | What was the <b>TOTAL</b> number of <i>micrograms</i> given during the last <b>ONE</b> WEEK? |
|-----------------|-------------------|---|--|
| 8b.             |                   |   |  |
| 8c.             |                   |   |  |

200. Date this form completed (dd/mon/yyyy)..... \_\_\_\_/\_\_\_\_/\_\_\_\_

201. Username of person reviewing completeness of this form..... \_\_\_\_\_

**For Clinical Center Use Only:**

202. Username of person entering this form: \_\_\_\_\_

203. Date Entered: (dd/mon/yyyy) \_\_\_\_/\_\_\_\_/\_\_\_\_

\*\*The medication code is electronically found on the code list accessed during data entry.